

CLAIMS ONLY

Application Number

101505291

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
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42		/		/		
43		/		/		
44		/		/		
45	/		/			
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50	/		/			
Total Indep	3		2			
Total Depend	12		13			
Total Claims	15		14			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55	/		/			
56		/		/		/
57		/		/		/
58		/		/		/
59		/		/		/
60		/		/		/
61		/		/		/
62		/		/		/
63		/		/		/
64		/		/		/
65		/		/		/
66		/		/		/
67		/		/		/
68		/		/		/
69		/		/		/
70		/		/		/
71		/		/		/
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73		/		/		/
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97						
98						
99						
100						
Total Indep	1		1			
Total Depend	25		24			
Total Claims	26		25			